



IPW

PATENT
Attorney Docket No. WYE-029

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): O'Toole *et al.*

ASSIGNEE: Wyeth

SERIAL NO.: 10/686,619

FILING DATE: October 17, 2003

TITLE: Compositions and Methods for Diagnosing and Treating Autoimmune Disease

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
REVOCATION OF PRIOR POWERS AND NEW POWER OF ATTORNEY

Sir:

As an authorized representative of the assignee of record of the entire right, title, and interest in the above-identified patent application, I hereby revoke all powers of attorney previously given and hereby appoint the registered patent practitioners associated with **Customer Number 54623** to prosecute and transact all business in the U.S. Patent and Trademark Office connected therewith.

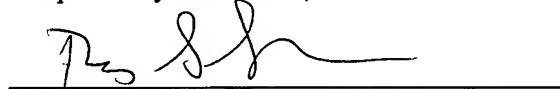
Please direct all correspondence for the above-identified patent application to the address associated with the above Customer Number.

The assignee of record of the entire right, title, and interest in the above-identified patent application is **Wyeth**, by virtue of the chain of title from the inventors of the above-identified patent application to the current assignee, as shown below.

From Margot Mary O'Toole and Wei Liu, recorded in the U.S. Patent and Trademark Office on April 6, 2004, at Reel No. 015182, Frame No. 0677.

Dated: 11/30/06

Respectfully submitted,



Thomas S. Szatkowski
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TRANSMITTAL FORM

Application Serial Number	10/686,619
Filing Date	October 17, 2003
First Named Inventor	O'Toole
Group Art Unit	1634
Examiner Name	Wong, Jennifer
Attorney Docket No.	WYE-029
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <ul style="list-style-type: none"> <input type="checkbox"/> Formal Drawing(s) 	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer 	<input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <ul style="list-style-type: none"> <input type="checkbox"/> Small Entity Statement 	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> CD(s) for large table or computer program <ul style="list-style-type: none"> <input type="checkbox"/> Amendment After Allowance 	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

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Respectfully submitted,

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